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ABSTRACT

A developmental perspective of family violence requires examining the parental, adolescent, and family system characteristics that place a family at-risk for destructive parent-child relations in adolescence. Families (N=64), all of which consisted of a youth aged 10-16 and two parents, completed the Adolescent-Abuse Inventory (AAI); the Achenbach Child Behavior Checklist (ACBC); a measure of the family as an interactional system (FACES); the Cornell Parent Behavior Description (CPBD); and assessments of adolescent physical maturation, cognitive functioning, life events (A-FILE), and demographic and socioeconomic factors. Parental scores on the AAI permitted identification of families at high risk for destructive parent-child relations. Analyses of results showed that risk for destructive parent-child relations in adolescence was not associated with socioeconomic deprivation. The high-risk group tended to be "chaotic" and "enmeshed" (FACES); to include more stepparents; to be more punishing and less supportive (CPBD); and, to be more stressed by life changes (A-FILE). Adolescents in the high-risk families were characterized by significantly more developmental problems (both internalizing and externalizing), and the number of such problems correlated significantly with the risk for destructive parent-child relations. The findings support the view that as systems, high-risk families do not function as well as low-risk families. (Author/JAC)

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# Families At-Risk for Destructive Parent-Child Relations in Adolescence

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Families At-Risk for Destructive Parent-Child Relations in Adolescence

This paper examines the parental, adolescent, and family system characteristics that place a family at-risk for destructive parent-child relations in adolescence. It is based on a study of 64 families, all of which contained a youth (age 10-16) and two parents. A three member team visited the family at home to administer a three and a half hour battery of questionnaire, interview, and observation instruments. These included a measure of risk for destructive parent-child relations (the Adolescent-Abuse Inventory), the Achenbach Child Behavior Checklist, a measure of the family as an interactional system (FACES), the Cornell Parent Behavior Description, and assessments of adolescent physical maturation, cognitive functioning, life events (A-FILE), and demographic and socioeconomic factors.

The results permit identification of families as high-risk for destructive parent-child relations using the parental scores on the Adolescent-Abuse Inventory. The results support our hypothesis that risk for destructive parent-child relations in adolescence is not associated with socioeconomic deprivation. The high-risk group tends to be "chaotic" and "enmeshed" (FACES); to include more stepparents; to be more punishing and less supportive (Cornell Parent Behavior Description); and, to be more stressed by life changes (A-FILE). Adolescents in the high-risk families are characterized by significantly more developmental problems (both internalizing and externalizing), and the number of such problems correlates significantly with the risk for destructive parent-child relations.

Families At-Risk for Destructive Parent-Child Relations in Adolescence

## INTRODUCTION

For all its importance and the attention given it in the public and professional press, the transmission of abuse from generation to generation is not the only pertinent developmental consideration in the issue of domestic violence. A more sophisticated developmental approach proceeds to investigate changes in the meaning, causes, correlates, and effects of mistreatment as a function of development and maturation (Cicchetti & Rizley, 1981). The issues for school-age children are somewhat different than those for infants, or even for three-year-olds, for that matter. The infant can do virtually nothing to protect itself from abuse and is totally defenseless against neglect. The battered baby is victimized in direct proportion to the parent's impulses and the presence of internal and external constraints (which are often few). The infant experiences neglect in exact proportion to the parent's failure to provide care, thus being liable to nonorganic failure to thrive. What is more, the infant's capacity to signal its plight to others is limited and largely unconscious. School-age children, on the other hand, have better resources. They can adapt to the parent to minimize abuse by assuming whatever role will mollify the parent, e.g., by being extremely compliant, innocuous, or responsible. They can counteract neglect by fending for themselves to some degree. Their ability to communicate their plight is greater, as is their opportunity to do so, in school for example. Finally, they are likely to have larger independent social networks from which to draw nurturance, support, and protection.

This kind of developmental perspective is still more important when we compare child maltreatment with adolescent abuse. In the latter case, there

are myriad developmental grounds for anticipating differences in meaning, causation, correlates, effects, and effective intervention strategies. To begin with, we think that the narrowly-defined concept of "abuse" is not as useful in considering adolescents, and we prefer the broader term "destructive parent-child relations" for reasons that will become clear as we proceed. We recognize, of course, that some victims of adolescent abuse are simply "graduates" of child abuse--one study says half are (Garbarino & Carson, Note 1).

At its heart, the task of being parent to an adolescent (and adolescent to a parent) is substantially different from the parent-child relationship in several ways (Garbarino & Gilliam, 1980).

1. The adolescent's power is much greater than the child's. This includes physical power, of course, including the capability for effective physical retaliation if assaulted by a parent. It goes beyond this, however, to include the power to stimulate and influence family conflict, to leave the family situation, to harm self and others, to embarrass the parents, to compare parents with other adults, and to help oneself and others. All this suggests that the role of adolescents themselves in producing destructive parent-child relations may be a quite significant factor.

2. The adolescent has a broader field of other significant individuals with whom the parents must come to terms. Autonomous relationships with other adults and with peers increase, including sexual relationships that many parents may perceive as threatening.

3. The adolescent's cognitive abilities are likely to be more advanced than are the child's. Adolescents tend to reason much more like adults, and this injects a new element of complexity into the parent's task. It may also

increase the relevance of cognitive sophistication for harmonious family relationships.

These factors and others come together to shift the standards which guide appropriate behavior in family relationships when a child reaches adolescence. Some forms of behavior by parents toward their offspring which were appropriate (if not particularly wise) in childhood may become abusive in adolescence. For example, the psychological connotations of spanking a three- or four-year-old are usually different from those of spanking a 15-year-old. Likewise, types of affectionate touching and other intimate physical contact that are quite appropriate between a father and his infant daughter are inappropriate between the same father and his teenage daughter. Also, efforts to exert a high level of control over every detail of a four-year-old's daily existence may be acceptable, while the same intrusiveness with a teenager would be entirely inappropriate.

In some ways, parents have more latitude in their interactions with young children than in their treatment of adolescents. The latter have a broader base of experience with which to compare parental actions. If abused, teenagers are more likely than young children to perceive the deviance of their treatment and to report it to someone outside the family (Garbarino & Gilliam, 1980). Adolescents have developed the cognitive capacity to enable them to understand better flaws in parental reasoning and character. They typically demand a more nearly equal role in family decision making (Steinberg & Hill, 1979). These factors, combined with differences in our culture's view of adolescents (with suspicion) and in our institutional treatment of them (with little compassion), predict the phenomenon of destructive parent-child relations in adolescence will differ markedly from child maltreatment. In fact, as we shall see, in their interpersonal dynamics and cultural

interpretation, such destructive relations may more closely resemble spouse abuse than the mistreatment of children, and efforts to understand adolescent maltreatment may serve as a bridge to constructing a much needed, general life-course theory of domestic violence.

We can place abused adolescents on a continuum, midway between abused wives and mistreated children. The central issue is power, the ability to determine one's own behavior and influence the actions of others. Children are nearly powerless (though their behavior can have a significant effect on what happens to them). Teenagers gain power because of the increased ability to think, argue, and act that adolescence brings. Just as wives are powerful enough to threaten the authority of husbands, teenagers challenge parental authority. Paradoxically, because children are powerless they are perfect victims: first, because they are easily victimized; second, because they elicit sympathy once they are abused. Teenagers are closer to wives in being imperfect victims, in both of these respects. One evidence of the greater power of abused teens and wives is the fact they are sometimes involved in reciprocal assault. Obviously, children cannot match the strength of their parents, but abuse has been identified as a contributing factor in many assaults by adolescents, from benign self-defense to parricide (Garbarino & Gilliam, 1980). Likewise, wives who murder their husbands do so often in retaliation for abuse, usually as the culmination of a long period of mutual assault in which wives are the chronic losers (Straus, Gelles, & Steinmetz, 1980). Domestic quarrels involving mutual assault are considered the most dangerous calls that police have to answer. A report from Connecticut indicated that some 20 percent of the adolescent-abuse cases reported to child protective services were initially reported to the police as assault by the adolescent on the parent (Garbarino & Gilliam, 1980). Straus, Gelles, and

Steinmetz (1980) reported assault by children and youth against their parents in 10 percent of American families. In some families it seems that this mutual rough treatment is the only physical contact allowed. The likeness between adolescent and wife abuse extends beyond these power dynamics. The two groups are likely to face similar psychodynamic issues, including ambivalence about dependency and separation.

Recent research conducted as part of the National Center on Child Abuse and Neglect's National Incidence Study (Burgdorff, Note 3) indicates that adolescent maltreatment accounts for some 47% of the known cases of maltreatment although teenagers account for only 38% of the population under the age of 18. This over-representation exists despite professional impressions to the contrary (Helfer & Kempe, 1968; American Humane Association, Note 4). This discrepancy raises several research questions related to both conceptual and methodological problems in the investigation of this important social problem.

Much of the existing body of research on abuse and neglect is based on hospital and protective service samples. This has biased designs and findings against adolescent victims who are less likely to be identified and served by these agencies (Burgdorff, Note 3; Fisher et al., 1979; Friedman, 1976). One finding of the National Incidence Study was that adolescent abuse cases were more likely to be known to professionals outside the protective services system than were cases involving abuse of other age groups. Instead, adolescent maltreatment tends to be associated with problematic acting out behavior of the teenager or dysfunction within the family. These cases may often be buried under the labels of "dysfunctional families," "school adjustment problems," "running away," "acting out," or "marital problems." This has implications for sampling, as we shall see later.

## DESIGN AND METHODS

We built our study on two foundations: 1) a general interest in destructive parent-child relations grounded in a definition of adolescent maltreatment that emphasizes continua in the physical, psychological, and sexual domains; and, 2) a theoretical framework that seeks the etiology and correlates of destructive parent-child relations in the family as a system (Ford, Note 5), as well as in the individuals who contribute to that system. Consistent with this model, data collection focused on a broad spectrum of variables, including both the individual and family levels of analysis. Sampling tapped informal social networks and diverse community institutions such as schools, youth groups, and churches as well as social service agencies and protective services as sources of referral. In this way, we identified a range of families on the continuum of maltreatment, including identified cases, unrecognized cases, and cases of relatively high risk, in addition to low-risk and non-abusive families who were experiencing normal problems of adjustment to adolescence. Thus, we decided to conduct group comparisons within our sample rather than to use some randomly selected "normal" group or an institutionally defined group, and in this way dealt with the always troublesome and perhaps in principle insoluble problem of determining and identifying an appropriate control group for studies of maltreatment (Friedman, 1976).

## SUBJECTS

The total sample consists of 64 families, defined by themselves or others as facing some significant adjustment issues: problem behavior of the adolescent, marital adjustment problems, or family resource deficits serious enough to concern some professional in routine contact with the family--e.g., a school counselor, a member of the clergy, a private psychologist, a youth

worker, or a social service agency staff member. The sample also includes self-referred families confronting the transition to adolescence of one or more of their children. We thus sought to identify a sample in which the phenomena of principal interest would be sufficiently common to permit group comparisons in a valid social context, rather than use a sample of "identified" abusers and then seek to construct an appropriate comparison group.

All families contain at least one child between the ages of 10 and 16, with 29 females and 35 males included as the target child. These families included a man and a woman living together conjugally in the same dwelling (though not necessarily married) who shared responsibility for raising the adolescent, and thus were "two-parent" families, using a broad definition of the term. The families are representative of the central Pennsylvania region (lower and middle socioeconomic status; low to high education; rural, suburban, and urban).

The purposes of the study were: 1) to develop and test an instrument specifically designed to assess the risk for and presence of destructive parent-child relations, based on categories employed in the National Incidence Study of Child Abuse and Neglect; and, 2) to examine the characteristics of individuals and family systems identified as high- and low-risk for destructive parent-child relations within a broad sample of families, some of whom were known to be "troubled." This paper deals directly with the second of these goals. A separate report (Sebes, Note 6) reports on the psychometric properties of the adolescent abuse screening instrument.

PROCEDURES

We derived our assessment strategy from a systems approach (Ford, Note 5; Prigogine, 1978; von Bertalanffy, 1968) that implies three sets of measures, including family characteristics, parental characteristics, and adolescent characteristics. Data collection took place in the home because this method has been established as appropriate for studying sensitive research topics such as family violence (Gelles, 1978). To provide the comprehensive picture of the family and its members we desired, we assembled an instrument package that we believed would be both effective and efficient. A brief catalog of these instruments follows. More detailed information is available from the authors (request Technical Report #1: Instruments).

1. Adolescent Abuse Inventory (AAI)--referred to as the Adolescent Adult Inventory with participants--includes 26 hypothetical situations containing adolescent behavior and parental responses. The adolescent behaviors can be divided into "normal" and "delinquent/status offense" categories (Adelson, 1980; Hindelang, Hirischi, & Weis, 1981). The parental responses reflect a range of behaviors outlined on the basis of the classification scheme for abuse and neglect developed by the National Center on Child Abuse and Neglect's National Incidence Study--i.e., "hands on" abuse (physical and sexual); "hands off" abuse (verbal and psychological); and, neglect. For each hypothetical situation, each parent is asked: a) how often does your adolescent engage in the behavior described?; b) how would you evaluate the parent's actions?; c) under the circumstances described, how likely would you be to behave as this parent did?; and, d) is there anything other than what this parent did that you would prefer to do? This instrument was developed specifically for our project by Janet Sebes under the direction of the principal investigators. This measure yields indicators of stress

(adolescent behavior) and coping (parental attitudes about problem solving), and is the principal basis for determining the presence of and risk for destructive parent-child relations in the family because it measures parental attitudes toward abuse and likelihood of acting abusively in provocative situations.

2. Child Behavior Checklist is a 118-item-inventory designed to record in a standardized format the behavioral problems and competencies of children and youth (we are using the form for 4-15 year olds and the norms for males and females ages 12-16) as reported by their parents and by the adolescents themselves. It is a further indicator of both stress (e.g., behavior problems) and the personal competence of the adolescent. It was developed by Achenbach (1978) and Edelbrock (Achenbach & Edelbrock, 1979) at the National Institute of Mental Health, and has received extensive attention for purposes of validation in field testing. The variables examined in our study are each family member's perception of the adolescent's social competence, school activities, school performance and behavior problems--internalized and externalized.

3. Interparental Influence/Interparental Conflict Scales (IPI/IPC): Parental dominance and enforcement of rules are measured via Schwarz and Getter's version of Klein, Plutchick and Conte's (1973) work. Their decision-making dominance and assertiveness scales and interparental conflict scales will be used (Schwarz & Zuroff, 1979). The two scales together contain a total of 50 items in which the parents and adolescent rate degree of parental influence in family decisions and amount of conflict in family settings. Harmony is viewed as a family resource for use in coping with stress. Variables included in the analysis are parental dominance, enforcement of rules, and interparental conflict.

4. Physical Maturation Scale was developed by Steinberg and Hill (1980) based on work by Tanner (1962) and Stolz and Stolz (1944) separately for males and females to rate stage of puberal development on the basis of physical characteristics--e.g., facial hair and acne, body proportion and coordination. Overall level of puberal development is the variable thus obtained through observations using the criteria on this five-point scale.

5. Faces is an 111-item-instrument designed by Olson, Russell and Sprenkle (Olson, Russell, & Sprenkle, 1979; Olson, Sprenkle & Russell, 1979) to measure how family members perceive their families as social systems--e.g., rules, boundaries, intimacy. A moderate degree of harmony and consensus on the scales of family adaptability and cohesiveness is viewed as a coping resource.

6. Family Demographics is a multi-purpose instrument designed to assess the family's health, recreation, employment, use of human services, financial stress, and social network history. It is based on other research aimed at examining family stresses and supports, and combines open-ended interview questions with scaled ratings (Garbarino & Sherman, 1980). Extensive social networks and other social supports are viewed as resources to aid in coping.

7. Cornell Parent Behavior Description (CPBD) is an 11-item-report on how the youth and the parents themselves view childrearing practices. It was developed by Bronfenbrenner, Devereux and their colleagues (Devereux & Bronfenbrenner, 1969). Agreement on a balanced use of support and control (including punishment) as a child rearing style is a resource for coping, in our view.

8. Peel's Assessment of Cognitive Functioning--a Piagetian-type hypothetical situation designed to reveal style and level of reasoning about social situations of the type encountered by families in adolescence. The

specific situations were adapted from the original stories. In the Peel (1971), we view higher order thinking as a resource to aid in coping with the complex challenge of family interactions in adolescence. Responses are classified as one of four levels of reasoning: 1) totally concrete; 2) logical but concrete; 3) alternative explanations; or 4) hypothetical thinking, based on a coding scheme used by Peterson and her colleagues (Note 7). Inter-rater agreement in classifying responses was 85%.

9. Family Vignettes involves judgments by human service professionals and in-home observers regarding the risk for and presence of abuse in the family. Raters selected one of nine vignettes depicting family interaction. Two categories are used in the present analysis: 1) at high-risk for destructive parent-child relations; 2) at low-risk for destructive parent-child relations ("non-abusive"). In-home observers were blind as to the source of the referral and to data provided by respondents other than the individual that they interviewed.

10. Adolescent-Family Inventory of Life Events and Changes (A-FILE) is a 50 item self-report measure designed to assess normative and non-normative life events and changes experienced within the past 12 months and also in the time preceding the past year. It is used as a measure of family stress, as perceived by the adolescent, in the tradition of the Holmes-Rahe Social Readjustment Scale, and was developed by H. McCubbin, E. Patterson, E. Bauman and Harris (1981).

11. Behavioral Observation: We observed family interaction in structured and unstructured settings for a subset of the families. These data are not dealt with in this report.

ANALYSIS

The multiple measures and sources of data (mother, father, adolescent, observer rating) present many analytic options. To begin with, however, we have concentrated on testing the following ten hypotheses concerning the differences between high- and low-risk families:

1) Using the AAI to determine risk status, high-risk and low-risk families present equivalent socioeconomic characteristics. This hypothesis is based on previous studies comparing the correlates of maltreatment in child and adolescent populations (Garbarino & Carson, Note 1; Garbarino & Gaboury, Note 9).

2) High-risk families are generally demographically equivalent to low-risk families, but are more likely to contain stepparents. A variety of analyses point to the stepparent-adolescent relationship as a particularly risky one (c.f., Burgess & Garbarino, 1983).

3) High-risk families are characterized by extreme patterns of relating. The FACES scale identifies extremes of adaptability ("chaotic" or "rigid") and cohesion ("enmeshed" or "disengaged") as dangerous for successful family functioning. Moderation on both dimensions is indicative of more effective family functioning, i.e., "connected" or "separated" on cohesion and "structured" or "flexible" on adaptability.

4) Parents in high-risk families are characterized by parenting styles that depart from the "authoritative" pattern identified by Baumrind as the optimal style for successful socialization. The Cornell Parent Behavior Description assesses both support and discipline, with the optimal pattern being one of high support and moderate discipline.

5) Participants in high-risk families exhibit less sophisticated cognitive functioning with respect to social reasoning as measured by the Peel

Assessment. This derives from our belief in the importance of social cognition in parent-adolescent relations.

6) Adolescents in the high-risk families manifest more developmental problems and are less socially competent. Acting out behavior is particularly problematic. The Achenbach Child Behavior Checklist assesses these matters.

7) Adolescents in high-risk families have smaller social networks and parents are less aware of them. Social isolation is frequently associated with maltreatment (Garbarino, 1977).

8) High-risk families are characterized by greater interparental conflict (as measured by the IPC scales) and greater dominance by one parent (as measured by the IPI scale).

9) Adolescents in high-risk families are characterized by more stressful life changes, particularly those linked to the adolescent period.

10) High-risk families are characterized by more discrepancies between parent and adolescent perceptions of all aspects of family functioning. These hypotheses grew out of our previous research and review of the literature (Garbarino & Gilliam, 1980) as outlined earlier in this report.

RESULTS

Before families were divided into high- and low-risk groups on the basis of their AAI scores, the psychometric properties of the AAI were calculated. Using a Likert (1932) analysis and computer program LIKRT (Note 8), Cronbach's coefficient alpha index of reliability was calculated on the basis of project families' responses. For question (a), the items were broken down into "normal" (11 items) and "not-normal" (15 items) adolescent behaviors. Cronbach's alpha reliabilities on these subscales were .81 and .79 respectively for mothers and .81 and .81 for fathers. Overall mother and father reliabilities were .88 and .88. To obtain an actual estimate of risk

for abuse, the items on questions (b) and (c) were combined and divided into four subscales: "Hands on" abuse (10 items), "Hands off" abuse (20 items), Neglect (14 items), and Appropriate parenting (8 items). (The appropriate parenting items, since they were included mainly to detect response sets, were later dropped.) For mothers, the respective reliabilities on the first three subscales were: .74, .82, .68; while for fathers they were: .76, .80, and .74, with mothers and fathers overall reliabilities being .89 and .87.

Mothers and fathers were each then divided into High- (1), High Medium- (2), Low Medium- (3), and Low- (4) risk categories. If either parent's combined score on (b) and (c) placed them in the High-Risk category, the family was placed in the high-risk group, otherwise they fell in the low-risk groups (see Table 1).

At this time, inter-observer reliabilities were also calculated on the Family Vignettes. Initially, rank order reliabilities of the vignettes were examined to determine the reliability of the ranking procedure. These ranged from .85 to 1.00. Cronbach's coefficient alpha (1951) was then calculated on the actual observer vignette ratings of families with a resulting reliability of .73. This rating, when collapsed into High-risk (1-6) and Low-risk (7-9) groups, correlated r=.51 with the AAI's estimation of risk level. This (vignette) rating was collapsed into two groups because of the relatively small sample.

Table 1 presents the breakdown of families into high- and low-risk groups using maternal and paternal scores on the AAI. If either the father's or mother's score reached the threshold (the top quartile, 103 for mothers and 106 for fathers), we classified the family as high-risk. Thus classified, we have 29 high-risk and 35 low-risk families, with a roughly even split between male and female adolescents (15 males and 14 females in high-risk; 20 males

and 15 females in the low-risk group). We also present the categorical classification of the family as abusive or non-abusive based on the average of three separate interviewer/observer ratings. Note that 66% of the high-risk families were rated as abusive by the interviewer/observer ratings, whereas 25% of the low-risk families were so classified--of which 56% had one parent with an AAI score in the second highest quartile. For a complete discussion of the validity and reliability of the AAI see Technical Report #1 (available from the first author) and Sebes (Note 6).

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Insert Table 1 about here

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This classification of the families forms the basis for our substantive comparisons.

Table 2 presents a comparison of high- and low-risk families on socioeconomic and demographic background characteristics. We find no significant differences on the socioeconomic characteristics. Parents in the high-risk group do report having been older at marriage than their low-risk counterparts (22.8 vs. 20.8 for mothers; 28.6 vs. 23.0 for fathers). However, this results from the higher rate of remarriage/stepparent relationships in the high-risk group--nine are in the high-risk group and only one in the low-risk group. The parents themselves are not different in actual age (38.2 for high-risk mothers and 39.4 for low-risk mothers; 42.2 for high-risk fathers and 41.8 for low-risk fathers). Socioeconomic measures, occupational status, income, and employment status reveal no statistically reliable differences. However, high-risk families have significantly more children than low-risk families (3.6 vs. 2.7), which may result in greater economic strain in the high-risk families (Vondra, Note 10). Overall, these results

support our first hypothesis (predicting no socioeconomic difference). Our second hypothesis (no demographic differences except for stepparenthood) receives mixed support. High-risk families are larger than low-risk families.

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Insert Table 2 about here

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Table 3 presents comparisons of family interaction patterns, child rearing, social networks and developmental function and dysfunction as reported by the adolescents and the parents. The results generally reveal a picture of greater family and individual dysfunction and stress among the high-risk families in contrast to the low-risk families.

Adolescents in the high-risk families characterize their families significantly higher on the adaptability scale (198.0) and show a trend to do so on the cohesion scale (265.7) of FACES. This is high enough to place their families in the "chaotic" category (198) on the adaptability scale and nearly in the "enmeshed" category (270) on the cohesion scale. Adolescents in the low-risk group classify their families well into the "flexible" (187.4) and "connected" (257.7) categories, respectively. Both indicate a trend towards more healthy family functioning (on average) in the low-risk group--"flexibly connected"--as opposed to the high-risk group--"chaotically enmeshed." We should note that adaptability and cohesion are significantly intercorrelated ($r = .67$ for high-risk adolescents and $r = .54$ for low-risk adolescents).

On the FACES, mothers and fathers tend to join adolescents in describing high-risk families as higher than low-risk families on the adaptability and cohesion scales (190.3 vs. 177.2 for fathers and 184.4 vs. 179.8 for mothers on adaptability; 271.5 vs. 259.5 for fathers and 264.1 vs. 260.2 for mothers on cohesion). However, neither parents in the high-risk families, unlike

their adolescents, on average classify their families in the danger range (198+) for adaptability. Fathers in the high-risk group do classify their families in the danger range (270+) on the cohesion scale. Thus, our third hypothesis receives partial support. The intercorrelations between adaptability and cohesion are generally much lower for parents than for adolescents. Whereas adaptability and support were significantly correlated for adolescents (overall r = .65) they were significantly intercorrelated only for low-risk mothers (r = .60).

Results for the Cornell Parent Behavior Description reveal that adolescents in the high-risk group tend to describe their parents as being less supportive and more punishing than adolescents in the low-risk group. This supports our fourth hypothesis. This trend is clearest for paternal support (21.5 vs. 24.3) and maternal discipline (10.4 vs. 8.9), but exists for paternal discipline (10.2 vs. 8.9) and maternal support (22.7 vs. 24.1) as well. Support and discipline are not significantly intercorrelated for either group of adolescents. On the Cornell Parent Behavior Description, high-risk group parents (unlike their adolescents) do not report themselves as less supportive. They do, however, see themselves as being more punishing than their low-risk group counterparts (15.0 vs. 10.0 for fathers; 12.0 vs. 9.6 for mothers). Support and discipline were not significantly correlated either for fathers or for mothers, although fathers show a positive trend.

The Achenbach Child Behavior Checklist reveals more developmental dysfunction in the self-reports of adolescents in the high-risk group than of adolescents in the low-risk group. The differences between the two groups of adolescents are found in both broad classes of developmental problems, internalizing (i.e., somatic complaints, schizoid behavior, being immature, being uncommunicative, or obsessive-compulsive patterns) and externalizing

(i.e., delinquent, aggressive, or hyperactive). Adolescents in the high-risk families report more internalizing problems (25.0 vs. 18.1) and more externalizing problems (25.3 vs. 15.2). Internalizing and externalizing problems are very significantly intercorrelated for both groups of adolescents (r = .90 for high-risk and r = .86 for low-risk). In general, parents parallel adolescents in their views of developmental function and dysfunction as assessed by the Achenbach Child Behavior Checklist. The differences observed in adolescent self-reports of internalizing and externalizing problems are, if anything, even more clearly evident in parental reports. Fathers and mothers in the high-risk group report roughly twice as many internalizing and externalizing problems in their adolescents as do parents in the low-risk group (17.7 and 23.0 vs. 9.6 and 11.9 for fathers; 18.6 and 24.4 vs. 13.4 and 12.8 for mothers). In both groups, the reporting discrepancy between adolescents and their parents was much greater for the internalizing as compared with the externalizing problems. Internalizing and externalizing problems were significantly intercorrelated for all parents (overall for mothers, r = .72; overall for fathers, r = .77). The correlations between parental AAI score and adolescent problems are substantial (AAI-Internal Problems: r = .47 for mothers, r = .60 for fathers; AAI-External Problems; r = .62 for mothers, r = .63 for fathers).

Social competence (which is negatively correlated with both internal and external problems) is reported to be greater for adolescents in the low-risk families. This view is shared by fathers (low-risk = 19.7 vs. high-risk = 18.0), mothers (19.8 vs. 17.4), and adolescents (20.5 vs. 19.1). Overall, the results for the three Achenbach measures support our hypothesis that adolescent developmental problems play a significant role in the dynamics of destructive parent-adolescent relations.

No significant differences are found in either the Peel Assessment of Cognitive Functioning (leaving Hypothesis #5 unsupported) or the Tanner Physical Maturation Scale, which are themselves uncorrelated. The Tanner is, of course, correlated with adolescent age ($r = .83$ for high-risk and $r = .74$ for low-risk). The Peel is uncorrelated with age. We found no significant group differences on the Interparental Influence and Interparental Conflict scales. There is a trend for adolescents to report more interparental conflict in the high-risk families (301.2 vs. 193.4), however the large variances make this difference unreliable. In sum, then, our eighth hypothesis is not supported.

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Insert Table 3 about here

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On the matter of social networks, we found that there is no reliable difference favoring the low-risk group in size of adolescent network, nor in the perceived interconnectedness of the network (although a trend in the predicted connection exists). However, there is a clear trend (significant for fathers) for parents in the low-risk families to be more aware of the people named in the adolescent's report of his or her social network. This provides only the barest support for Hypothesis #7.

The A-FILE measure of stressful life events reveals significantly more "recent changes" among the high-risk adolescents (11.1 vs. 8.0) as expected (Hypothesis #9). This is attributable in large measure to the much greater frequency of substance abuse among the high-risk adolescents (1.0 vs. .2). No difference is found in the number of "total past changes."

We did conduct a high- vs. low-risk comparison of the discrepancies in parent and adolescent reports for FACES, Cornell Parent Behavior Description,

Achenbach Child Behavior Checklist, and Peel's Assessment of Cognitive Functioning. None of the comparisons (mother-father, mother-adolescent, father-adolescent) was significantly different. However, the discrepancies among mother, father, and adolescent are quite substantial on some items (conforming to Jessop's 1981 analysis). Table 4 reports the number of significant (p less than .05 using a t-test of the hypothesis of no difference) discrepancies for each of the three intra-family pairs, separately for the high- and low-risk groups.

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Insert Table 4 about here

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The results reveal almost no significant discrepancies between parents (1 of 19 significant for both groups; the one being one of the Achenbach components). For the parent-adolescent comparisons, the high-risk group revealed a substantial number of significant discrepancies (7 of 19 for both mother-adolescent and father-adolescent vs. only 4 of 19 for the low-risk group). These results offer some support for Hypothesis #10. Of our ten hypotheses, #1, #3, #4, #6, #9, and #10 receive relatively clear support; #2 and #7 receive mixed support; and #5 and #8 receive no support. Thus, the differences between high- and low-risk families are most clear on interactional characteristics, parent-adolescent discrepancies, and adolescent difficulties, least clear on demographic comparability and social isolation, and absent on social cognition, parental discrepancies and interparental conflict and dominance. This tells us to concentrate on the family as a system in its childrearing mode.

DISCUSSION

Our primary interest in this study has been in documenting differences between high- and low-risk families. We believe the results support the view that high-risk families are not functioning as well as low-risk families as systems (e.g., their tendency to be "chaotically enmeshed" as portrayed by the FACES--Hypothesis #3), but that this is not a social class problem (Hypothesis #1). The tendency to be functioning poorly is particularly evident in the adolescent assessments of the family, where it extends to the very troublesome combination of low parental support coupled with high parental punishment (as measured by the Cornell Parent Behavior Description--Hypothesis #4). This is significant because we believe an important element in the dynamics of destructive parent-child relations is the "victim" as a social and psychological problem for the family. The adolescents in the high-risk families are characterized (in all accounts) by a higher level of stressful changes (Hypothesis #5) and by more developmental problems (externalized and internalized) and less social competence than are their counterparts in the low-risk families (Hypothesis #6).

We believe it is principally the combination of parents at-risk (because of their often complex and tenuous relationship with their adolescents and their childrearing orientation) and adolescents at-risk (because of complex problematic behavior arising from stressful experiences and constitutional and acquired characteristics) when set in a chaotic and enmeshed family system that leads to problems of destructive parent-child relations. The chaotic character of the family means it cannot provide the structure that its enmeshed relationships demand, given the problematic behavior of its adolescent member.

The fact that stepfamilies fall disproportionately into the high-risk group illustrates this general thesis. We did conduct comparisons of step- versus non-step families within the high-risk group (in which all but one of the stepfamilies are located). For adolescents the two groups differ in the A-FILE category of "past changes" (7.9 for adolescents in stepfamilies versus 3.0 for adolescents in non-step families). We assume this is due to the description of the divorce that paved the way for the current stepfamily arrangement. Adolescents in stepfamilies also reported less interconnection among their social networks (44.2% vs. 77.7%); more paternal discipline (13.0 vs. 9.1) and more developmental problems--both internal (35.0 vs. 20.1) and external (34.6 vs. 21.3). AAI scores for the two groups are not very different (fathers in stepfamilies = 102.2 vs. 113.2 for fathers in non-stepfamilies; mothers in stepfamilies = 101.0 vs. 99.7 for mothers in non-stepfamilies). Nonetheless, all of the stepfamilies (even the one in the low-risk group) are classified as abusive in the observer vignette ratings (see Table 1). This, coupled with the very high Achenbach problem scores, highlights the role of adolescent developmental problems the step-relationship poses for family relations as a critical factor in the dynamics of adolescent maltreatment.

Knowing this is helpful in that it undergirds the growing public and professional concern that stepfamilies--particularly stepfamilies containing adolescents--tend to be at-risk for troubled interaction (c.f., Kantner, 1978; Richardson & Pfeiffenberg, in press). Stepparents are mainly stepfathers and stepfathers and their adolescents seem to have a difficult time of it.

Our results do not tell us to what extent the high level of adolescent problems in the stepfamilies derived from experiences prior to being part of the step-relationship (e.g., an earlier divorce), although the significant

A-FILE difference on past changes suggests that it does. Nonetheless, the results do suggest that the step-relationship intensifies the already formidable challenges faced by families experiencing adolescence.

With the stepfamily becoming ever more normative (as more and more families experience divorce and remarriage) the importance of recognizing the threat of developmental psychopathology in such families likewise increases. We believe the steprelationship illustrates and serves to magnify the basic features of being at risk for destructive parent-adolescent relations, namely emotional complexity coupled with developmental psychopathology. The high-risk families face more, and more intense versions of the same issues faced by the low-risk families. That they deteriorate into destructive parent-child relations is comprehensible. But it asks us to proceed with a longitudinal consideration of the mediators of risk and of stability and change in these families. This will be our next step.

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Table 1: Classification of Families as High- and Low-Risk Based on Adolescent Abuse Inventory (AAI Total Score on B and C Scales)

High-Risk (N=29)

| Rating on Vignette | ID# | M | F |
|---|---|---|---|
| 1 | 0034[b] | 116[1c] | 124[1] |
| 1 | 0073 | 107[1] | 113[1*] |
| 2 | 0114 | 119[1] | 123[1] |
| 1 | 0234 | 125[1] | 122[1*] |
| 2 | 0264 | 104[1] | 114[1] |
| 1 | 0403 | 125[1] | 121[1] |
| 1 | 0014 | ---[d] | 111[1] |
| 1 | 0083 | 108[1*] | 93[3] |
| 1 | 0103 | 50[4*] | 106[1*] |
| 1 | 0143 | 58[4] | 115[1] |
| 1 | 0184 | 102[2] | 113[1*] |
| 1 | 0223 | 103[1] | 103[2] |
| 1 | 0244 | 120[1] | 88[3] |
| 1 | 0304 | 120[1] | 97[2*] |
| 2 | 0324 | 100[2] | 113[1] |
| 1 | 0334 | 120[1] | 102[2] |
| 2 | 0363 | 75[3] | 106[1] |
| 1 | 0413 | 118[1] | 96[2] |
| 1 | 0454 | 93[2] | 106[1*] |
| 2 | 0494 | 85[3] | 110[1] |
| 2 | 0503 | 98[2] | 110[1] |
| 1 | 0533 | 103[1] | 67[4*] |
| 1 | 0513 | 87[3] | 124[1] |
| 2 | 0544 | 107[1] | 125[1] |
| 1 | 0564 | 69[4] | 111[1] |
| 2 | 0583 | 91[2] | 121[1] |
| 1 | 0594 | 100[2] | 133[1] |

14 female/15 male adolescents

Low-Risk (N=35)

| Rating on Vignette | ID# | M | F |
|---|---|---|---|
| 2 | 0124 | 95[2] | 58[4] |
| 1 | 0134 | 98[2] | 80[4] |
| 2 | 0214 | 101[2] | 64[4] |
| 2 | 0273 | 96[2] | 60[4] |
| 2 | 0284 | 90[2] | 84[3] |
| 1 | 0393 | 96[2] | 71[4*] |
| 2 | 0023 | 89[3] | 80[4] |
| 2 | 0054 | 86[3] | 67[4] |
| 2 | 0063 | 75[3] | 81[4] |
| 1 | 0153 | 87[3] | 102[2] |
| 2 | 0203 | 80[3] | 100[2] |
| 2 | 0294 | 78[3] | 81[4] |
| 2 | 0344 | 75[3] | 70[4] |
| 2 | 0374 | 88[3] | 57[4] |
| 1 | 0383 | 86[3] | 82[3] |
| 2 | 0423 | 71[3] | 96[2] |
| 2 | 0444 | 89[3] | 74[4] |
| 2 | 0044 | 69[4] | 103[2] |
| 2 | 0093 | 69[4] | 88[3] |
| 1 | 0163 | 70[4] | 92[3] |
| 2 | 0173 | 58[4] | 89[3] |
| 2 | 0194 | 74[4] | 81[4] |
| 2 | 0254 | 70[4] | 48[4] |
| 2 | 0314 | 66[4] | 90[3] |
| 2 | 0354 | 48[4] | 105[2] |
| 2 | 0433 | 61[4] | 62[4] |
| 1 | 0484 | 51[4] | 74[4] |
| 2 | 0524 | 64[4] | 66[4] |
| 2 | 0464** | 79[3] | 85[3] |
| 1 | 0473** | 84[3] | 78[4] |
| 2 | 0554 | 52[4] | 97[2] |
| 1 | 0574 | 67[4] | 105[2] |
| 1 | 0603 | 89[3] | 84[3] |
| 2 | 0643 | 99[2] | 74[4] |
| 2 | 0654 | 92[2] | 88[3] |

15 female/20 male adolescents

Table 1 (con't.)

*indicates stepparent
**adolescent is adopted

[a]based on mean rating of 3 observers
1 = High-risk for abuse
2 = Non-abusive

[b]fourth digit of ID# indicates gender of adolescent
3 = female
4 = male

[c]Risk Category on AAI: Quartiles

| | Mothers | Fathers |
|---|---|---|
| 1 | $\geq$ 103 | $\geq$ 106 |
| 2 | $\geq$ 90 | $\geq$ 95 |
| 3 | $\leq$ 89 | $\leq$ 94 |
| 4 | $\leq$ 74 | $\leq$ 81 |

[d]missing data

Table 2: Comparison of High- and Low-Risk Families on Socioeconomic and Demographic Characteristics

| | High-Risk (N=29) | Low-Risk (N=35) | |
|---|---|---|---|
| | X | X | X |
| Age of Adolescent | 13.9 | 13.9 | n.s. |
| Age of Mother | 38.2 | 39.4 | n.s. |
| Age of Mother at Marriage | 22.8 | 20.8 | # |
| Age of Father | 42.2 | 41.8 | n.s. |
| Age of Father at Marriage | 28.6 | 23.0 | * |
| Education of Mother | 13.7 | 14.7 | n.s. |
| Education of Father | 14.8 | 16.4 | n.s. |
| Status of Maternal Occupation (Hollingshead Index) | 47.6 | 44.8 | n.s. |
| Status of Paternal Occupation (Hollingshead Index) | 37.2 | 28.3 | n.s. |
| Paternal Employment Status (1 = employed; 2 = unemployed) | 1.1 | 1.1 | n.s. |
| Income (4 = $15,000 - $20,000; 5 = $20,000 - $30,000) | 4.8 | 4.9 | n.s. |
| SES | 3.5 | 3.3 | n.s. |
| Family Size | 3.6 | 2.7 | * |
| Remarriage | 29% | 3% | * |

n.s. not significant
# p less than .10
* p less than .05
** p less than .01

Table 3: Comparisons of High- and Low-Risk Families

| | High-Risk (N=29) | Low-Risk (N=35) | Significance Level p < |
|---|---|---|---|
| | $\bar{X}$ | $\bar{X}$ | $\bar{X}$ |
| Assessment Measures | | | |
| A. FACES | | | |
| 1. Social Desirability | | | |
| Fathers | 39.7 | 40.9 | n.s. |
| Mothers | 38.6 | 41.1 | # |
| Adolescents | 37.9 | 39.6 | n.s. |
| 2. Adaptability | | | |
| Fathers | 190.3 | 177.2 | ** |
| Mothers | 184.4 | 179.8 | |
| Adolescents | 198.0 | 187.4 | * |
| 3. Cohesion | | | |
| Fathers | 271.5 | 259.5 | * |
| Mothers | 264.1 | 260.0 | n.s. |
| Adolescents | 265.7 | 257.7 | n.s. |
| B. Cornell Parent Behavior Description | | | |
| 1. Support | | | |
| Fathers--self report | 24.7 | 25.0 | n.s. |
| Fathers--adolescent report | 21.3 | 24.3 | ** |
| Mothers--self report | 25.3 | 25.4 | n.s. |
| Mothers--adolescent report | 22.7 | 24.1 | n.s. |
| 2. Discipline | | | |
| Fathers--self report | 15.0 | 10.0 | # |
| Fathers--adolescent report | 10.2 | 8.9 | # |
| Mothers--self report | 12.0 | 9.6 | ** |
| Mothers--adolescent report | 10.4 | 8.9 | # |
| C. Peel Cognitive Assessment | | | |
| Fathers | 3.5 | 3.6 | n.s. |
| Mothers | 3.3 | 3.4 | n.s. |
| Adolescents | 2.7 | 2.7 | n.s. |
| D. Achenbach Child Behavior Checklist | | | |
| 1. Total Internalizing Problems | | | |
| Fathers | 17.7 | 9.6 | ** |
| Mothers | 18.6 | 13.4 | # |
| Adolescents | 25.0 | 18.1 | * |

Table 3 Continued

| | High-Risk (N=25) | Low-Risk (N=34) | Significance Level p < |
|---|---|---|---|
| | X̄ | X̄ | X̄ |
| 2. Total Externalizing Problems | | | |
| Fathers | 23.0 | 11.9 | ** |
| Mothers | 24.4 | 12.8 | ** |
| Adolescents | 25.0 | 15.2 | ** |
| 3. Social Competence Scale | | | |
| Fathers | 18.0 | 19.7 | # |
| Mothers | 17.4 | 19.8 | * |
| Adolescents | 19.1 | 20.5 | * |
| E. Adolescent's Social Network | | | |
| 1. Total Number of People | | | |
| Fathers | 12.3 | 13.6 | n.s. |
| Mothers | 12.8 | 15.8 | # |
| Adolescents | 14.1 | 13.8 | n.s. |
| 2. Average Interconnectedness Among Members | | | |
| Fathers | 93.0 | 65.6 | n.s. |
| Mothers | 92.8 | 68.3 | n.s. |
| Adolescents | 67.1 | 65.5 | n.s. |
| 3. Overlap of Parent and Adolescent List | | | |
| Fathers | 7.6 | 16.3 | * |
| Mothers | 8.5 | 14.5 | n.s. |
| Adolescents | 7.9 | 19.0 | * |
| F. Tanner Rating of Maturation | | | |
| Observer Rating of Adolescent | 3.4 | 3.3 | n.s. |
| G. Interparental Influence (Paternal Dominance) Adolescent Report | 36.0 | 37.7 | n.s. |
| H. Interparental Conflict Adolescent Report | 301.2 | 193.4 | n.s. |
| I. A-FILE (Life Changes) Adolescent Report | | | |
| 1. Total Recent Changes | 11.1 | 8.0 | * |
| 2. Total Past Changes | 4.5 | 3.4 | n.s. |
| 3. Substance Abuse | 1.0 | .2 | ** |

#p < .10
*p < .05
**p < .01

Table 4: Number of Significant Discrepancies Between Family Members (Students T Statistics of H = 0)

| Comparison | High-Risk | Low-Risk |
|---|---|---|
| Mother-Father | 1 of 19 = 5% | 1 of 19 = 5% |
| Mother-Adolescent | 7 of 19 = 37% | 4 of 19 = 21% |
| Father-Adolescent | 7 of 19 = 37% | 4 of 19 = 21% |